CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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Vol. IX, No. 40 November 8, 1930 GUY P. JONES EDITOR

After-care Important in Poliomyelitis

A flare-up of epidemic poliomyelitis occurred in San Luis Obispo County last month, 60 cases of the disease having occurred there in October. Dr. Allen F. Gillihan, County Health Officer, is exerting every effort to make certain that every convalescent receives proper care in order that the development of permanent paralysis may be prevented. Under date of October 31st, Dr. Gillihan issued a circular letter to the people of his community in which he set forth some of the important factors in graduated exercise for convalescents from epidemic poliomyelitis. Emphasis is placed upon the danger of overdoing and straining weakened muscles. Dr. Gillihan's letter follows:

OCTOBER 31, 1930

REGARDING THE CARE OF RECENTLY RECOVERED CASES OF POLIOMYELITIS

The epidemic of poliomyelitis in San Luis Obispo County has begun to subside, and a number of the cases have been released from quarantine.

Verbal instructions were given the parents at the time of releasing these patients from quarantine, but owing to the excitement of being returned home after an absence of three weeks many details may have been forgotten. The subject of the after care of a case of epidemic poliomyelitis is not only written out here, but is given more in detail than may have been discussed with the parent at the time of dismissal.

The state regulations require that a case of epidemic poliomyelitis must be quarantined for twenty-one days following the onset of the disease, and as much longer as there is any fever or other symptoms remaining. Those cases that have been released have all been held the required twenty-one days, and at the time of their release could not any longer transmit the disease to anyone. However, release from quarantine may be possible before recovery from the illness. Almost invariably an epidemic poliomyelitis case is free from ability to transmit the disease long before he has entirely recovered.

The seat of inflammation in epidemic poliomyelitis is in the gray matter of the spinal cord. This gray matter becomes *edematous*, or, if I am permitted to use a common expression, "waterlogged." This edematous condition may go so far as to choke the motor cells situated in this part of the cord, with the result that these cells die and the victim becomes paralyzed in those muscles supplied by the nerve cells that have died. By determining the diagnosis early in the sickness the inflammatory process can be stopped before the motor cells are killed, and thus paralysis can be prevented; but preventing the inflammation from extending to this choking stage does not remove the edematous condition; in fact it may require many months before the injured tissue of the cord returns to normal. For this reason it is very important for the patient not to exercise until it has been determined that the inflammation of the cord has subsided. Patients on leaving the hospital are instructed to remain in bed for at least a week, and then to begin exercising very gradually. Getting up to use the commode, placed at the side of the bed, once each day should be sufficient exercise for the next week, and then only if it is not painful for the patient to stand. For another week, the patient may try walking say ten or twenty feet once a day, and if this does not pain him, or if he does not find it difficult to walk, this exercise may be gradually increased, very little at a time. Although paralysis can be stopped from occurring during the acute stage of the first few days of the illness, the patient must not be surprised to find that he has a decided weakness in certain muscles. He may feel quite well lying in bed, but, on trying to stand or walk he finds his muscles are not strong enough to sustain him. This impaired motion will gradually subside if the patient does not overdo matters, but if he overdoes he may have a permanent weakness which may necessitate wearing a brace for a number of years. You know it is much wiser to lose a week or longer by being too careful rather than to have gotten the child up and around too soon, with the result that a weakened muscle fails and possibly handicaps him for life.

The Health Department is using every effort to prevent paralysis or the failing of weakened muscles, and with this end in view we have asked one of the most competent orthopaedic surgeons in the state to visit us during November. He will examine all the recovered cases and determine what muscles may have been weakened, and where necessary, suggest appropriate treatment toward relieving the weakened muscles.

The California Society for Crippled Children will hold a clinic here early in January for the benefit of children who

may have paralysis or weakened muscles necessitating splints following an attack of epidemic poliomyelitis. Later notice will be given of this clinic.

Remember that after dismissing a case from the quarantine hospital that case is no longer able to distribute the disease; and remember again, that a recovered case must be watched very closely and every effort made to keep him from overdoing and straining weakened muscles.

ALLEN F. GILLIHAN, M. D.,
County Health Officer.

HEARING OF CHILDREN AND ITS RELATION TO SCHOOL WORK

The results of the studies made by the United States Public Health Service with special reference to the hearing of school children and its relation to their work in school have recently been announced.

In the whole group studied there appeared to be more normal or above normal hearing among the older children. It is impossible to say whether this is a real difference or whether the older children made better records because of a better understanding of the tests. Among the actually hard of hearing (loss of nine or more units) the older children were in the majority, and, in general, there was slightly more significant impairment of hearing among the boys of all ages than among the girls. In no group at any age, when both sexes were taken together, did the rate of children with significant hearing loss rise as high as 4 per cent, and the percentage of children with significant hearing loss was generally greater in the overage-for-grade group, and in the group with the lowest intelligence quotient. In general, there was a higher proportion of left ears with good hearing than of right ears. This was true of the group as a whole and of each separate school group. With one exception (boys in the 12–13 year group) the superiority of the left ear was maintained at all ages. Likewise, the predominance of poor hearing in the right ear was general at all ages except 12–13. No explanation of this difference is offered, but the element of chance may have been a factor. Among the children doing the poorest school work in the youngest and oldest groups there was the largest amount of significant hearing loss. In the intermediate-age groups the findings were not clear cut. The percentage of children with a discharge from one or both ears varied inversely with the grade of hearing.

HEALTH OFFICERS RECEIVE APPOINTMENTS

Dr. Robert S. Northrup has been appointed health officer of Napa County to succeed Dr. Laurence Welti, who has held that office for many years.

Mr. Frank Borrecco has succeeded Mr. W. E. Topping as city health officer of Firebaugh.

TREND OF MENINGOCOCCUS MENINGITIS IN THE UNITED STATES

At a recent conference of state and territorial health officers with the United States Public Health Service, it was pointed out by representatives of the service that reports received from state health officers for the past five years indicate that there has been a progressive increase in the number of cases of meningococcus meningitis that have been recorded. It is true that the actual number of cases is not large when compared with the total population. It is significant, however, that each year there has been an increase over the preceding year, and that this rise has been continuing for five years.

When the prevalence of meningococcus meningitis increased during the period of 1915 to 1917, the number of cases rose in Europe before the movement occurred in the United States, but after the World War the number of cases did not rise noticeably in Europe until 1929, and then the increase was not general and the rates were not high.

Incomplete reports for the first three months of 1930 show rates higher than the normal for England and Wales, Scotland, The Netherlands, and Poland, but no figures from Europe have been found indicating a general increase in the prevalence of this disease comparable with that in the United States.

There was an outbreak of meningococcus meningitis early this year in the Anglo-Egyptian Sudan, and reports from the French Protectorate of Morocco show some increase in cases in March. Recent reports from Asia do not show anything unusual in the prevalence of the disease. Canada has reported comparatively few cases, but there has been a slight increase in incidence in Mexico.

The nomenclature relative to meningococcus meningitis has been changed several times, the disease having been variously designated cebrospinal meningitis, epidemic meningitis, and other similar terms. For this reason, earlier figures are not exactly comparable with the later ones.

The total number of cases of meningococcus meningitis reported throughout the United States for the past five years is as follows:

Year	*Cases*	*Year*	*Cases*
1925	1,859	1928	5,781
1926	2,226	1929	9,660
1927	3,204		

In considering these figures the difficulties of obtaining accurate reports should be borne in mind.

Since March, 1930, the reported prevalence of meningococcus meningitis in the United States has been lower than it was in the corresponding months of 1929.

CANNERY INSPECTION WORK MEETS APPROVAL

A meeting of the representatives of the various industries which participate in carrying on cannery inspection, under the direct supervision of the State Department of Public Health, was held in San Francisco October 15th. There were present representatives from the Canners' League, California Olive Association, California Fish Canners' Association, Southern California Canners' Association and the State Department of Public Health. A statement of contributions and disbursements was submitted to the representatives of the various industries participating in the cannery inspection fund, and the same was approved.

A total of 151 canneries in California have been licensed under the provisions of the Cannery Inspection Act. Most of these canneries are engaged in the packing of spinach, tomatoes, olives, sardines, mackerel, asparagus, and other fish and vegetable products. Since the cannery inspection law went into effect in 1925, no outbreaks of food poisoning due to the use of commercially canned California products have occurred anywhere. A staff of inspectors is on duty at all licensed canneries at all times that they may be in operation. Every batch of products can be traced by means of code number, and the temperature and duration of cooking of every can of products under inspection can be determined at any time and at any place that the container may be opened.

VENTURA COUNTY EXPANDS HEALTH WORK

The administration of public health in three cities of Ventura County has been taken over by the County Health Department, of which Dr. J. A. King is the health officer. The three cities are Ventura, Oxnard and Fillmore. Dr. J. A. Deserpa has been city health officer at Ventura and Dr. Harda B. Osborn and Dr. Benjamin F. Korts have served in similar capacities at Fillmore and Oxnard, respectively. Under the present conditions all of Ventura County, with the exception of the city of Santa Paula, is under the public health jurisdiction of the Ventura County Public Health Department.

The will is only free when it is free from the delusion of self and its desires.—*Paracelsus.*

The medical errors of one century constitute the popular faith of the next.—*Alonzo Clark.*

Traditions? Of course, tradition. But do you not believe that there is a beginning to everything, even to tradition?—*Remy De Gourmont.*

DR. WILBUR ENDORSES PERIODICAL HEALTH EXAMINATION

Dr. Ray Lyman Wilbur, Secretary of the Department of the Interior, has made the following statement in appreciation of the advantages to be derived through periodical physical examinations:

"The application of modern science to the care of the sick and the protection of the well demands, for its best results, the periodical health examination as the base from which all proper work should start. The greatest value of the family doctor is his knowledge of the bodies, personalities and reactions of his patients. He carries with him on each visit carefully sifted information gathered through past experiences. We now have the opportunity, with regular health examinations, to have available for the benefit of the patient and the guidance of the physician, a written record of exact conditions as they existed at a given date. With our gradual conquest of many infections, there is an increasing importance in following accurately the changes in the vital organs of the body due to disease, strain and advancing age. We are fortunately in the possession of many methods by which we can check or delay the processes going on in the human body. The skilled physican can become both the guardian and the guide of the patient if he can have the advantages of carefully built up records giving the body conditions and the health experiences of each individual."

EXAMINATION FOR PUBLIC HEALTH NURSES

Examination for certificate in public health nursing will be held by the State Department of Public Health on Saturday, December 20, 1930, at Los Angeles and San Francisco.

Application forms may be obtained from the offices of the Department at Sacramento, San Francisco and Los Angeles. All applications should be sent to the San Francisco office of the Department, 335 State Building.

No application will be considered unless received by December 15, 1930.

MORBIDITY *

Diphtheria.

50 cases of diphtheria have been reported, as follows: Alameda 1, Hayward 1, Oakland 4, Chico 1, Imperial County 2, El Centro 1, Calipatria 1, Kern County 1, Los Angeles County 6, Glendale 1, Los Angeles 13, Santa Monica 1, Orange County 2, Orange 1, Tustin 1, Roseville 1, Riverside County 1, Sacramento 1, San Francisco 2, Stanislaus County 1, Modesto 1, Tulare County 2, Exeter 3, Oxnard 1.

Scarlet Fever.

73 cases of scarlet fever have been reported, as follows: Alameda County 1, Oakland 1, Butte County 2, Chico 2,

* From reports received on November 3d, 4th and 5th for week ending November 1st.

Contra Costa County 1, Kern County 2, Los Angeles County 5, Glendora 1, Inglewood 2, Long Beach 1, Los Angeles 9, Hawthorne 2, South Gate 1, Merced County 2, Modoc County 3, Riverside County 5, San Diego County 2, San Diego 3, San Francisco 2, San Joaquin County 10, Lodi 1, Stockton 4, San Jose 1, Santa Cruz County 5, Stanislaus County 1, Tulare County 1, Ventura County 1, Woodland 2.

Measles.

131 cases of measles have been reported, as follows: Alameda County 23, Hayward 10, Oakland 2, Butte County 2, Calaveras County 1, Contra Costa County 1, Hercules 1, Los Angeles County 3, Azusa 2, Long Beach 2, Los Angeles 9, Redondo 5, Santa Monica 3, Maywood 1, Madera County 1, Riverside County 12, Redlands 1, San Diego 13, San Francisco 1, San Luis Obispo County 4, Tulare County 3, Exeter 11, Oxnard 20.

Smallpox.

16 cases of smallpox have been reported, as follows: Crescent City 1, Kern County 1, Burbank 1, Anaheim 3, Placentia 5, Solano County 2, Stanislaus County 1, Yuba City 2.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Oakland 2, Kern County 1, Kings County 3, Los Angeles County 1, Glendale 1, Hermosa 1, Modoc County 2, San Diego 1, Stockton 1.

Whooping Cough.

75 cases of whooping cough have been reported, as follows: Alameda 6, Berkeley 7, Hayward 1, Oakland 8, Fresno 1, Orland 8, Los Angeles County 1, Los Angeles 7, Santa Monica 2, Tujunga 2, Yosemite 1, Laguna Beach 3, Auburn 2, Sacramento 9, San Diego 1, San Francisco 12, San Joaquin County 3, Ventura County 1.

Poliomyelitis.

61 cases of poliomyelitis have been reported, as follows: Berkeley 1, Oakland 1, Amador County 1, Imperial County 1, Los Angeles County 4, Inglewood 1, Los Angeles 12, Pomona 1, South Gate 1, Maywood 1, Placer County 1, Riverside 1, San Bernardino 1, Oceanside 1, San Diego 1, San Francisco 9, San Luis Obispo County 8, Arroyo Grande 2, Paso Robles 1, San Luis Obispo 2, San Mateo County 1, San Mateo 1, Santa Clara County 3, San Jose 3, Stanislaus County 2.

Meningitis (Epidemic).

San Bernardino County reported one case of epidemic meningitis.

Trichinosis.

San Francisco reported one case of trichinosis.

Actinomycosis.

Los Angeles reported one case of actinomycosis.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Los Angeles 1, Redondo 1, San Francisco 1.

COMMUNICABLE DISEASE REPORTS

Disease	1930 Week ending Oct. 11	1930 Week ending Oct. 18	1930 Week ending Oct. 25	1930 Reports for week ending Nov. 1 received by Nov. 5	1929 Week ending Oct. 12	1929 Week ending Oct. 19	1929 Week ending Oct. 26	1929 Reports for week ending Nov. 2 received by Nov. 5
Actinomycosis	0	0	1	1	0	0	0	0
Anthrax	0	0	0	0	0	0	1	0
Chickenpox	134	143	181	194	102	205	180	179
Coccidio al Granuloma	0	0	1	0	1	2	0	1
Diphtheria	58	59	74	50	56	67	79	55
Dysentery (Amoebic)	0	0	1	0	0	1	1	0
Dysentery (Bacillary)	3	10	1	1	1	1	2	1
Encephalitis (Epidemic)	1	0	2	0	1	0	0	1
Erysipelas	8	7	9	7	9	14	8	13
Food Poisoning	4	5	2	0	0	2	0	3
German Measles	7	9	5	9	8	10	12	5
Gonococcus Infection	148	150	153	153	129	146	132	103
Hookworm	0	1	0	0	0	1	0	0
Influenza	26	20	24	30	30	26	32	24
Jaundice (Epidemic)	1	0	0	0	0	0	0	0
Leprosy	0	0	0	0	0	1	0	1
Malaria	1	1	0	0	2	2	5	0
Measles	69	125	92	131	44	54	42	59
Meningitis (Epidemic)	3	4	9	1	6	10	6	3
Mumps	97	112	137	140	201	186	289	244
Ophthalmia Neonatorum	1	0	0	0	0	0	1	1
Paratyphoid Fever	0	0	0	3	1	0	0	1
Pellagra	0	0	3	0	1	2	0	4
Pneumonia (Lobar)	41	42	55	40	45	42	28	25
Poliomyelitis	76	88	72	61	5	5	0	1
Rabies (Animal)	9	23	16	11	16	18	15	5
Scarlet Fever	83	65	68	73	148	157	151	200
Smallpox	23	6	12	16	22	24	37	17
Syphilis	154	167	131	118	145	131	170	256
Tetanus	1	2	1	1	1	1	0	0
Trachoma	1	6	7	4	6	1	0	0
Trichinosis	1	0	2	1	0	0	0	0
Tuberculosis	200	269	196	190	199	218	181	171
Tularemia	1	0	1	0	0	0	0	0
Typhoid Fever	14	17	14	13	18	12	10	13
Undulant Fever	3	1	0	3	4	2	2	1
Whooping Cough	105	85	72	75	112	109	72	76
Totals	1,273	1,417	1,342	1,326	1,313	1,450	1,456	1,463

Epidemic poliomyelitis shows a decrease in prevalence.

Most of the reportable diseases do not show tendencies toward unusual prevalence.

Measles, mumps and chickenpox are the most prevalent.

One case of trichinosis was reported last week.

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